EXHIBIT A-2

Statement of Work Template

Original	\boxtimes	Amended	
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STATEMENT OF WORK FOR IT CONTINGENT WORKERS BETWEEN STATE OF MISSISSIPPI, DEPARTMENT OF HUMAN SERVICES AND GUIDESOFT, INC., d/b/a KNOWLEDGE SERVICES

2/18/2020

Mississippi Department of Human Services 200 South Lamar Street Jackson, MS 39202

Work Location:

Date

of Work to be executed by their undersigned authorized representatives.

Authorization for work performed pursuant to this Statement of Work ("SOW") is granted under the terms of the Master Consulting Services Agreement between GuideSoft, Inc. d/b/a Knowledge Services and Mississippi Department of Information Technology Services.

Knowledge Services Posting Number: 68633 **IT Contingent Worker Name:** Philip White **Vendor Name:** Cynet Systems, INC **Position Title:** .Net Full Stack Developer **Regular Hourly Bill Rate:** \$67.00 **OT Hourly Bill Rate** (if applicable): \$67.00 **Original Number of Hours to be worked:** 6,900 Amended Number of Hours to be worked: N/A \$462,300.00 **Original Total Cost of SOW:** (Not to exceed) **Amended Total Cost of SOW:** (Not to exceed) N/A **Start Date of Service:** 3/12/2020 3/12/2023 **Original End Date of Service: Amended End Date of Service:** N/A

For the faithful performance of the terms of this Statement of Work, the parties hereto have caused this Statement

200 South Lamar St. Jackson, MS 39201

GuideSoft Inc., d/b/a Knowledge Services Mississippi Department of Human Services DocuSigned by: Katherine Hill Jacob Black Authorized Signature Authorized Signature Jacob Black Katherine Hill **Printed Name** Printed Name Deputy Executive **Program Specialist** Title Title 2/20/2020 2/18/2020

Date

Revised 07/10/2019 1 STATE OF MS IT STAFF AUG